EMERGENCY WORKER REGISTRATION CARD					
Jurisdiction:				Issue Date:	Registration Number:
Name (Last):		(First):	(Middle):	Social Security Number:	
Address 1:					
Address 2:					
City:		State:	Zip Code:		
Driver's License No.:	Date of Birth:	Blood Type:	Sex (M-F):	PHOTOGRAPH	
Height:	Weight:	Color Eyes:	Color Hair:		
Physical Disabilities (If any):				1	
Home Telephone:		Work Telephone:		- In Case of Emergency -	
I certify that the information on this card is true and correct to my best knowledge and belief.				Please Notify:	
Emergency Worker Signature: Date of Signature:				Name:	
Emergency Worker Assignment (WAC-118-04-110):				Telephone Number with Area Code:	
Authorizing Signature: Local Jurisdiction:			Date of Signature:	Relation to Emergency Worker:	
Emd-024 (7/00) (FRONT)					

EMERGENCY WORKER TRAINING RECORD

COURSE HOURS DATE COMPLETED

ADDITIONAL INFORMATION - REMARKS: